



ECOLOGY YOUTH CORPS MEDIAN CREW MEMBER APPLICATION

The Ecology Youth Corps (EYC) Program is made possible through the Waste Reduction, Recycling and Model Litter Control Act. It is funded by a tax paid by businesses that manufacture, distribute, or sell products that contribute to the litter problem.

Median crew members must be at least 18 years old, and provide adequate documentation to verify eligibility to work in the United States.

Crews clean litter and recycle materials from interstate freeways and state highway center medians, interchanges, and other difficult road areas. Most employment occurs during the spring and fall with possible summer activity.

The Washington State Department of Ecology is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, disability, age, religion, national origin, sex, marital status, disabled-veteran status, Vietnam-era veteran's status, or sexual orientation. For special accommodation needs, please contact the Employee Services Office at (360) 407-6186. The TTY number is 711 or 1-800-833-6308.

PLEASE NOTE:

Hiring is based on the results of our standardized interview. Former crew members must reapply for consideration each year. You will be notified regarding your interview status.

If selected for employment, you may be asked to voluntarily sign a Driving Record Release Authorization form. Any conviction within the preceding three-years for: hit and run driving, driving while intoxicated or impaired, reckless or negligent driving, a suspension or revocation of driver's license for cause involving the operation of a motor vehicle, or accumulation of three (3) or more moving violation convictions, will eliminate you from being permitted to drive the crew van. Drivers and non-drivers compete equally for crew member positions.

All EYC crew member positions are temporary. If you are seeking permanent employment, contact the Department of Ecology Employee Services Office, P.O. Box 47600, Olympia, WA 98504-7600.

Applicants, please remove and keep this page. Send your completed application to the appropriate Ecology regional office listed on the reverse side. For more information, please call the coordinator nearest you, at the phone number listed on the next page, or visit our website at: <http://www.ecy.wa.gov/programs/swfa/eyc/>

printed on recycled paper

IMPORTANT - Where to Send Your Application

**Locate the COUNTY you want to work in from the boxes shown below.
Send your application to the Regional Office listed in the SAME box.**

COUNTY	NORTHWEST REGION
Island King Kitsap San Juan Skagit Snohomish Whatcom	EYC Coordinator Department of Ecology Northwest Regional Office 3190 - 160th Ave SE Bellevue, WA 98008-5452 Phone (425) 649-7224 Fax (425) 649-7098

COUNTY	SOUTHWEST REGION
Clallam Clark Cowlitz Grays Harbor Jefferson Lewis Mason Pacific Pierce Skamania Thurston Wahkiakum	EYC Coordinator Department of Ecology Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 Phone (360) 407-6351 Fax (360) 407-6305

COUNTY	CENTRAL REGION
Benton Chelan Douglas Kittitas Klickitat Okanogan Yakima	EYC Coordinator Department of Ecology Central Regional Office 15 West Yakima Ave Suite 200 Yakima, WA 98902-3401 Phone (509) 454-7209 Fax (509) 575-2809

COUNTY	EASTERN REGION
Adams Asotin Columbia Ferry Franklin Garfield Grant Lincoln Pend Oreille Spokane Stevens Walla Walla Whitman	EYC Coordinator Department of Ecology Eastern Regional Office North 4601 Monroe St Suite 202 Spokane, WA 99205-1295 Phone (509) 329-3506 Fax (509) 329-3572

APPLICATION FOR EMPLOYMENT
MEDIAN CREW MEMBER - ECOLOGY YOUTH CORPS

FOR OFFICIAL USE ONLY

Date Received: _____

Region: _____

Please type or print neatly in ink

Name: _____ Social Security Number: _____
(Last) (First) (M.I.)

Date of Birth: _____ Phone: (_____) _____ Message: (_____) _____
(month / day / year)

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Dates available for employment: From: _____ To: _____

DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes _____ No _____

DO YOU POSSESS A VALID FIRST AID CARD? Yes _____ No _____ CPR CARD? Yes _____ No _____
(Ecology may provide first aid / CPR training.)

EDUCATION:

HIGH SCHOOL GRADUATE OR GED: Yes _____ No _____ POST HIGH SCHOOL TRAINING (College, Business School, Military, etc.)

NAME and LOCATION	DATES ATTENDED	QUARTER HOURS	SEMESTER HOURS	OTHER	GRADUATED ?Yes / No	DEGREE / YEAR	MAJOR OR SUBJECTS TAKEN

If more space is needed, attach additional sheet of paper.

Describe any experience working with the environment. Include paid and volunteer work with schools, community projects, service organizations, etc.
Give dates and number of hours worked.

DO NOT DETACH

EQUAL OPPORTUNITY INFORMATION - In order to ensure equal employment opportunity, the Washington State Department of Ecology requests your voluntary cooperation by indicating the following. Your answers will be treated as confidential.

Name: _____
(Last) (First) (Initial)

Social Security Number: _____ Date of Birth: _____
(month / day / year)

Gender: Male _____ Female _____ Disabled: No _____ Yes _____

Veteran: No _____ Yes _____ Disabled Veteran: No _____ Yes _____
% of Disability _____

ECY 030-22(c) Revised 12/02

Ecology Region: _____ (Official Use Only)

Race / Ethnic Origin
(please circle)

- A Native American
W Caucasian
C Asian/Pacific Islander
M Hispanic
B African American
Other: _____

REMOVE AND RETURN THIS PAGE

EMPLOYMENT: List in order, present or last position first.

1. Last or Present Employer: _____ Telephone # _____ Position: _____ Employer's address: _____ SPECIFIC DUTIES: _____ _____ REASON FOR LEAVING: _____	FROM: (Month, Year) TO: (Month, Year) Hours Per Week Immediate Supervisor
2. Employer: _____ Telephone # _____ Position: _____ Employer's address: _____ SPECIFIC DUTIES: _____ _____ REASON FOR LEAVING: _____	FROM: (Month, Year) TO: (Month, Year) Hours Per Week Immediate Supervisor
3. Employer: _____ Telephone # _____ Position: _____ Employer's address: _____ SPECIFIC DUTIES: _____ _____ REASON FOR LEAVING: _____	FROM: (Month, Year) TO: (Month, Year) Hours Per Week Immediate Supervisor

IN AN EMERGENCY CALL:

Name: _____	Relationship: _____	Phone: (_____) _____
Address: _____		
City	State	Zip Code

REFERENCES: (Do not list former supervisors or relatives)

	NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
1.				
2.				
3.				

I certify that the information that has been provided on this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or my termination if employed.

SIGNATURE (in ink) _____ **DATE** _____